



# 9/Response  
DK  
8-08-03

NIT-177-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. TOMARU et al

Serial No. 10/084,382

Group Art Unit: 2828

Filed: February 28, 2002

Examiner: D. Flores Ruiz

For: SOLID-STATE LASER COMPENSATION FOR PUMPING-LIGHT  
ASTIGMATISM

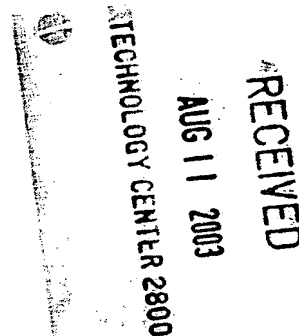
REPLY

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

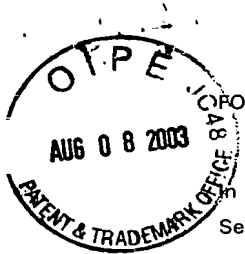
August 8, 2003

Sir:

In reply to the Office Action mailed May 8, 2003, the  
Applicants request reconsideration as follows.



2828



FORM PTO-1083

PATENT

Case Docket No. NIT-177-02

In RE application of T. TOMARU et al

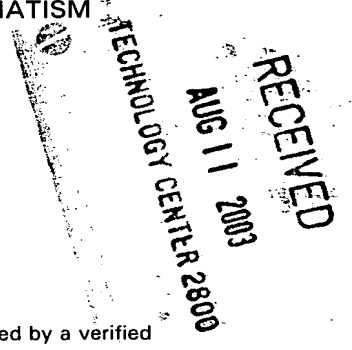
Serial No.: 10/084,382

Group Art Unit: 2828

Filed: February 27, 2002

Examiner: D. Flores Ruiz

For: SOLID-STATE LASER COMPENSATED FOR PUMPING-LIGHT ASTIGMATISM



Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

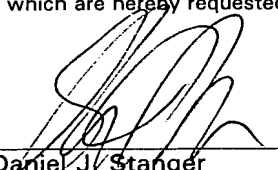
The fee has been calculated as shown below:

(COL. 1)			(COL. 2)		(COL. 3)		SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment			Highest No. Previously Paid For		Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	* 16	Minus	**	20	=	0	x 9	\$		x 18	\$ 0
Indep.	* 2	Minus	***	3	=	0	x 42	\$		x 84	\$ 0
							+ 140	\$		+ 280	\$ 0
							Total	\$		Total	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached in payment of:\_\_\_\_\_.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
  - ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
  - ☒ Any patent application processing fees under 37 CFR 1.17.
  - ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: August 8, 2003